

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 8 ADMINISTRATION**

**QUALITY ASSURANCE/QUALITY IMPROVEMENT
(QA/QI) COMMITTEE**

AGENDA

**January 15, 2014
2:00 – 4:00 p.m.
Stars Behavioral Health Group
1501 Hughes Way, Ste 150
Long Beach, CA 90810**

**QUALITY IMPROVEMENT (QI) MEETING
2:00 – 3:00 p.m.**

I	Welcome/Introductions/QI Announcements: Co-chairs: Emily Ramos, LCSW, Misty Aronoff, MFT, and Michele Munde, LCSW SA 8 liaison: Ann Lee, Ph.D. QI Division Lead: Tim Beyer, Ph.D.
II	Minutes
III	SA 8 QI/QA Committee Schedule of Meetings 2014*
IV	Clinical Quality Improvement – OMD Report
V	Cultural Competency Committee (CCC) Report <ul style="list-style-type: none"> Dr. Leticiz Ximenez and Bruce Wheatley are the new co-chairs for the CCC. Workgroups being considered include 3-year MHSA plan, Healthcare Reform, and Spirituality. Dr. Debbie Innes-Gomberg presented to the committee regarding developing an integrated Mental Health Workforce. An LGBTQ UREP subcommittee will be starting late January or early February. Next meeting - Wed, February 12th, 1:30-3:30 p.m., 550 Vermont, 10th fl conf rm, Conference call will be available for this mtg.
VI	PRO <ul style="list-style-type: none"> Local MHP posters are available in all of the threshold languages at the PRO office. The poster is required to be posted in the waiting area.
VII	Change of Provider Requests - Change of Provider Logs Memo dated January 10, 2014*
VIII	Policy Updates* – Office Of Compliance
IX	Consumer Perception Survey Maps – Timothy Beyer, Ph.D., QI Division
X	ACCESS Center Survey Summary
XI	MHSA PEI Outcome Data <ul style="list-style-type: none"> CiMH PEI Data Transition Providers were reminded about the importance of getting their outcome data into the PEI OMA. Service Area 8 Outcome Data Workgroup – Working on scheduling next meeting
XII	SA 8 Quality Improvement Project
XIII	Announcements: EQRO Review – SAs 1 and 3 will be reviewed this year - April 28-May 1 st .

Next Meeting Info:

**February 19, 2014
2:00-3:00 p.m.**

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**January 15, 2014
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1501 Hughes Way, Ste 150
Long Beach, CA 90810**

QUALITY ASSURANCE (QA) MEETING

3:00 – 4:00 p.m.

Co-chairs: Emily Ramos, LCSW, Misty Aronoff, MFT, and Michele Munde, LCSW

SA 8 liaison: Ann Lee, Ph.D.

QI Division Lead: Lori Dobbs, Psy.D. (absent due to providing a documentation training)

I	Audits/Reviews <ul style="list-style-type: none">o Lamp Community – January 14th at 9:00 amo St. Joseph Center – January 21st at 10:30 amo D'Veal Youth and Family Services – February 3rd at 9:30 am
II	State DHCS Updates <ul style="list-style-type: none">o DSM 5 – MHSD Info Notice No. 13-22*o LPCC Update (sent to committee via email)o State Wide Audits by DHCS – State and Federal Feedback
III	Documentation Trainings - Schedule attached*
IV	IBHIS Update <ul style="list-style-type: none">o Pilot 1A Go-Live – January 27tho IBHIS Call In Show for Directly Operated – Fridayso DRAFT Procedure Codes Addendum
V	Program Review/Certification – No report
VI	QA Technical Assistance <ul style="list-style-type: none">o Child COD DVDs - For Distribution at QICso DTI/DR Training, Feb 19th – RSVP to Jennifer Hallmano DRAFT Policy 104.09 – Approved by County Counselo Organizational Provider's Manual Revisions – Chapters 1 & 2 are currently being revisedo DRAFT Clinical Records Bulletin – Assessment Forms, Older Adult FCCS Forms
VII	Upcoming Items: <ul style="list-style-type: none">o QA Bulletin:<ul style="list-style-type: none">– Organization Providers Manual Updates– Inpatient Lockout Reminders– Reminders from State System Review and QA Reviews– Plan Developmento COS Trainingso Group Powerpoint

Next Meeting Info:

**February 19, 2014
3:00-4:00 p.m.
Stars Behavioral Health Group
1501 Hughes Way, Long Beach, CA 90810**

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SERVICE AREA 8 ADMINISTRATION
QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING
Minutes, January 15, 2014**

Type of Meeting	Service Area 8 Quality Improvement/Quality Assurance (QI/QA) Committee			Date	January 15, 2014
Location	Star View, 1501 Hughes Way, Long Beach, CA 90810			Start Time & End Time	
Co-chairs	Co-Chairs: Misty Aronoff, MFT (Alma), Michele Munde, L.C.S.W. (Star View), Emily Ramos, L.C.S.W. (Long Beach MHC)				
DMH Representatives	SA 8 QI/QA Liaison: Ann Lee, Ph.D.	DMH SA 8 Representative:	QI Division Lead: Tim Beyer, Ph.D.	QA Division Lead: Lori Dobbs, Psy.D. (absent due to doc training)	Program Review Joel Solis
Members Present by Provider Name					
1736 FCC Nancy Lomibao	CHILDREN'S BUREAU Cristina Nolf	EL DORADO	LONG BEACH ADULT Emily Ramos Gail Holtan	SHIELDS FOR FAMILIES Jaime Sheehan Vynette Moore Sybil Checko	TELECARE
AADAP Jeanette Bernabe	CII Christina Kohfield	EXODUS David Kneip	LONG BEACH API Mitsuru Kubota	SOUTH BAY CHILDRENS HEALTH CENTER	THE GUIDANCE CENTER Sherry Yu
ALAFIA Jacqueline Anthony	CITY OF GARDENA Kathy A. Mills-Walker	FOR THE CHILD Sandra Gaia-Rae	LONG BEACH CAP Teri Paulsen	SOUTH BAY MHC Dana Cherry	TIES FOR FAMILIES Dolores Spielman
ALMA Misty Aronoff	COASTAL APIFMHC	HARBOR-UCLA Ae Lyen Yoon Dora Anderson	MASADA HOMES Linda Nakamura	SSG/OTTP Debra Deleon	
BAYFRONT Lorna Pham	COUNSELING 4 KIDS	HARBOR VIEW CSC Laura Villa	MHA Courtney Stephens	SPECIALIZED FOSTER CARE	
CCAF Theodore Howlett Virginia Howlett	CRITTENTON Marcella Briceno	HEALTHVIEW	PACS Deanna Park	STAR VIEW Michele Munde Colette Esparza	
CHILDNET Leeann Ekstrom	DID HIRSCH	HERITAGE CLINIC	SAN PEDRO MHC	TARZANA Venus Jew	

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Review of Minutes	The October minutes were reviewed and approved.		
Call to Order & Introductions			
QUALITY IMPROVEMENT (QI)			
Agenda Item & Presenter	Discussion and Findings	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
Schedule of Meetings 2014	A list of the meetings dates for 2014 was distributed.		
Audits	Moss Levy has notified providers of a Fiscal audit. They are looking at 2009-2010. 8 agencies in SA 4 have been notified. Audits begin in the next few weeks.		
ACCESS Referrals	Only 1 referral should be sent to 1 agency from Access (in the past, the referral was sent to multiple agencies) Inappropriate referrals (i.e. children's provider receives an adult referral), should be logged on initial request for services log. Call Michael Tredinick at Access to report the inappropriate referral. We should see less of inappropriate referrals, now that agencies have completed the updated Access survey.		
Clinical Quality Improvement – OMD Report	Agencies do not need to issue an NOA-E for inappropriate referrals. The Office of the Medical Director Report: They are in the process of updating the medication parameters 3.1 and 3.8. The updated ones will be on the website. All psychiatrists (Contracted and Directly Operated) need to be following these parameters. There are parameters for depression medication or multiple medications, psychiatrists need to follow these parameters. If your agency hires a new psychiatrist, they need to get a copy when they are hired. Malpractice suits are usually based in 3 areas: Suicide, Failure to diagnose and treat and Boundaries.		

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Cultural Competency Committee	<ul style="list-style-type: none"> ➤ Dr. Leticia Ximenez and Bruce Wheatley are the new Co-Chairs for the Cultural Competency Committee. ➤ Cultural Competency Committee is working on the workgroups for this year. Some of the ideas so far include: 3 year MHSA plan, Healthcare reform, Spirituality. ➤ An LGBTQ UREP subcommittee will be starting by the end of January 2014 or early February 2014. Stay tuned for more information. ➤ Next meeting for CCC meeting is February 12th from 1:30-3:30pm at 550 Vermont, 10th Floor conference room. Meeting reminders will be sent out early February. 		
Patients' Rights Office (PRO)	<p>Local Mental Health Plan posters</p> <p>The Local Mental Health Plan posters are available in all of the threshold languages. The poster is required to be posted in the waiting area. Contact Patient's Rights office for a poster.</p> <p>Request for Change of Provider logs</p> <p>Please review the Change of Provider Logs memo dated January 10, 2014. Logs need to be submitted by the 10th of every month via fax if there is PHI contained in the log or via email if there is no PHI.</p> <p>Policy Updates: A list of policy updates as of January 7, 2014 was included in today's handouts. The policies can be found on the DMH website.</p>		
Office of Compliance			

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<p>Consumer Perception Survey Maps Timothy Beyer, Ph.D., QI Division</p>	<p>Dr. Beyer showed members the website that contains the August 2012 Performance Outcomes from the state surveys. Please go to http://psbqi.dmh.lacounty.gov/Maps.htm and scroll down to the "Countywide" section and click on each link. The trend maps are shown by service area.</p> <p>This information may be used to develop a QI project to make improvements.</p> <p>The Outcome target goal for each survey item is 85% as identified in the QI workplan.</p>	<p>Ann Lee will check to see if the raw survey data is available. Please contact Dr. Lee if you are interested in getting data for your Legal Entity.</p>	<p>Ann Lee</p>
<p>ACCESS Center Survey Summary</p>	<p>Preliminary data from the Surveys:</p> <ul style="list-style-type: none"> ➤ 140 surveys received so far. 58% state that they receive referrals from Access, 42% stated that they do not receive referrals from Access. ➤ Most providers call the client within 24 hours or 3-5 days. 5 programs do not call the client's back. A report will be sent to each service area with more specific information from the survey. DMH will follow up with agencies that do not call the client's back. ➤ ACCESS is still collecting their survey about referrals. ➤ Providers were asked to submit their surveys to Ann Lee if they have not already done so. <p>ACCESS Referrals</p> <ul style="list-style-type: none"> ➤ Ms. Emily Ramos clarified how Directly-operated clinics are required to handle the HealthNet and LA Care ACCESS referrals which have their own ACCESS toll free call number. At Long Beach MHC, they are required to provide an appointment every day of the week for these calls. For contractors the number of appointments that need to be available each 	<p>Providers requested Michael Tredinnick's email address. Ann Lee will send a follow-up email with email address.</p>	<p>Ann Lee</p>

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	<ul style="list-style-type: none"> ➤ week depends on caseload. ➤ DMH encourages providers to confirm appointments with the person being confirmed to ensure correct agency information has been communicated with the potential client. ➤ Please remember to log all ACCESS referrals per the Policy 202.43. ➤ Providers expressed concern regarding capacity to handle these increased referrals. Providers were advised to contact their Legal Entity's lead District Chief to discuss capacity issues. 		
MHSA PEI Outcome Data	<ul style="list-style-type: none"> ➤ CiMH PEI Data Transition for MAP, Triple P, and TF-CBT – The transition will be effective June 30, 2014. A memo dated 1/6/14 was sent to providers that explains the transition and a checklist of what providers need to submit. ➤ Providers were reminded about the importance of getting their outcome data into PEI OMA. ➤ The next SA 8 Outcome Data workgroup will be scheduled in February. 		
SA 8 Quality Improvement Project	This item was tabled until February due to running out of time.		
EQRO Site Visit	Call with EQRO last week. SA 1 and SA 3 are on for the review this year. April 28 th to May 1 st . Will give more specific information at a later time.		

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QUALITY IMPROVEMENT (QA)			
Agenda Item & Presenter	Discussion and Findings	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
Audits/Reviews	<ul style="list-style-type: none"> ➤ Lamp Community – January 14th at 9:00 am ➤ St. Joseph Center – January 21st at 10:30 am ➤ D\Veal Youth and Family Services – February 3rd at 9:30 am 		
	<p>DSM 5</p> <p>The DSM 5 MHSD Info Notice No. 13-22 was included in today's handouts. DHCS is looking into the changes to diagnoses and diagnostic criteria. At this time, providers do not need to make any changes in claiming or documentation, until further notice from DHCS, providers should continue their current practices with regard to claiming, documentation, and reporting diagnoses codes in claims. No specific date for implementation of the DSM 5 was given.</p>		
State DHCS Updates	<p>2012-2013 Inpatient Disallowances</p> <p>6 MHPs's were reviewed. 46% disallowance rate, Administration days – 89% disallowed</p>		
	<p>2012-2013 Outpatient (Child/Adult)</p> <p>17 MHPs's reviewed – Number of claims reviewed 6286, 2181 disallowed (36% disallowance)</p>		
	<p>2011-2012 Day Treatment Intensive/Day Rehab</p> <p>Number of claims reviewed – 1034, 653 disallowed (80% disallowance)</p> <p>Day rehab – 43 claims reviewed, 43 disallowed (100% disallowance)</p>		
	<p>Reasons for disallowance:</p> <ul style="list-style-type: none"> ○ NO Medical necessity established ○ No Medi-Cal certification requirements met ○ No attendance records 		

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	<p>System Review - 2011-2012 and 2012-2013 14 Counties – error rate 5%-71% 10 Counties – without compliant plans (CCCP's)</p> <p>CMS Concerns</p> <ul style="list-style-type: none"> o Lack of County compliance o System in place not effective o DHCS can enact fines or corrective action plans to ensure compliance o DHCS must continue to participate in monthly calls 	
LPCC	<p>BBS came out with clarification on scope of practice, supervision, and licensing requirements. A powerpoint handout about LPCCs will be sent out to Providers who may be interested in hiring LPCCs. At this time, DMH will not be hiring LPCCs but contract providers may hire if interested.</p> <p>The schedule was included in today's handouts.</p>	Ann Lee
Documentation Training Schedule		
IBHIS Update	<ul style="list-style-type: none"> ➤ Pilot 1A Go-Live – January 27th ➤ IBHIS Call In Show for Directly Operated – Fridays ➤ DRAFT Procedure Codes Addendum <p>Providers requested more info about preparing their organization for IBHIS. Ann Lee will follow-up.</p>	Ann Lee
Program Review Certification	<ul style="list-style-type: none"> ➤ None discussed 	
QA Technical Assistance	<ul style="list-style-type: none"> ➤ Child COD DVDs – 6 copies were distributed to child clinics. Ann Lee will contact Jennifer Hallman to request additional copies. ➤ DT/DR Training, Feb 19th – RSVP to Jennifer Hallman ➤ DRAFT Policy 104.09 – Approved by County Counsel ➤ Organizational Provider's Manual Revisions – Chapters 1 & 2 are currently being revised ➤ DRAFT Clinical Records Bulletin – Assessment Forms, Older Adult FCCS Forms 	

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Upcoming Items	<ul style="list-style-type: none"> ➤ Policy 104.09 was approved by County Counsel. Revised assessments, 3 year assessment, removal of the annual assessment. The short assessment will only be used by EOB and UCC. It will be the providers clinical decision to complete a full assessment or assess again if there is already a full assessment completed by another agency. ➤ QA Bulletin: <ul style="list-style-type: none"> ○ Organization Providers Manual is currently being revised. ○ Inpatient Lockout Reminders ○ Reminders from State System Review and QA Reviews ○ Plan Development ➤ COS Trainings ➤ Group Powerpoint
Announcements	Mr. Ted Howlett read a poem written by his wife Mrs. Virginia Howlett's titled, "A Client's Answer to Hip-Hop and Rap." Thank you for your poem, Virginia!
Next Meeting	The next meeting will be held on February 19, 2014 from 2-4 p.m. at Star View's corporate office, 1501 Hughes Way, Long Beach 90810.

Minutes Recorded by:



Ann Lee, Ph.D./DMH SA 8 Administration

Minutes Approved by:



Emily Ramos, L.C.S.W., DMH Co-chair